## UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO



## **Social Security Appeals Package**

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## **Social Security Appeals Package**

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### Office of the Clerk

United States District Court for the District of Puerto Rico 150 Carlos Chardón Street Federal Building, Office 150 San Juan, Puerto Rico 00918-1767



## SOCIAL SECURITY APPEAL PACKAGE FOR PRO SE LITIGANTS

#### Dear Litigant:

Enclosed within this package are the forms necessary for filing an action against the Commissioner of Social Security. Your package should include the following items:

Instruction sheet for filing an Appeal of a Decision by the Commissioner of Social Security;	
Form Complaint for Appeal of a Decision by the Commissioner of Social Security;	
Civil Cover Sheet	
Category Sheet	
Current Address Notice	
Application to Proceed Without Prepayment of Fees;	
Three (3) Civil Summons. These summons are pre-addressed to the Commissioner of Social Security, the United States Attorney for the District of Puerto Rico, and the United States Attorney General	
Three (3) U.S. Marshal Service Forms (USM) with instructions completion	
Copy of Local Rule 801 (Social Security Cases)	
Notice to Consent to the Exercise of Civil Jurisdiction by a Magistrate Judge	
List of Legal Aid Organizations	

FRANCES RIOS DE MORAN, ESQ. CLERK OF COURT

## INSTRUCTIONS FOR PRO SE LITIGANTS FILING SOCIAL SECURITY APPEAL CASES

Below are instructions for completing the forms necessary to appeal a decision by the Commissioner of Social Security. After you have completed the various forms, you will need to return them to the Clerk's Office for filing. Your failure to complete all of the required forms or the inaccurate completion of these forms may result in a delay in processing your appeal. If you have questions about these instructions, you may contact the Clerk's Office Intake Counter. However, Court personnel cannot give legal advise. For legal assistance, please review the Legal Aid Organizations list included in this package; some of these organizations may be able to provide legal counsel or assist you in filing your appeal.

#### **Step 1: Complete the Form Complaint**

You must complete the Form Complaint and return it, along with three copies, to the Clerk's Office. Along with your original complaint and three copies, you must also attach a copy of the Appeals Council's Decision. **Please remember to sign your original complaint.** 

# Step 2: Complete the Application to Proceed Without Prepayment of Fees and Affidavit

If you wish to request that filings fees be waived, you must complete the Application to Proceed Without Prepayment of Fees and Affidavit. If the Court grants your application to proceed without prepayment of fees, the filing fees will be waived. If you do not request that filing fees be waived, you must pay the statutory filing fee of \$150.00 at the time of filing the package. Checks or money orders must be made payable to, "Clerk, U.S. District Court."

# Step 3: Complete the Civil Cover Sheet (Form JS 44) and Category Sheet

In order to process your complaint, the Clerk's Office must receive a completed Civil Cover Sheet (For JS 44). Instructions for completing this form can be found on the reverse side of the form. Typically, in social security appeal cases, the basis of jurisdiction is "Federal Question" and the "Nature of Suit" is either 863 DIWX/DIWW or SSID Title XVI. Completion of a Category Sheet is also required when filing civil cases. This form is self-explanatory – the Social

Security category appears marked in the copy enclosed. If you have any questions about these forms, the intake clerk at the Clerk's Office will assist you.

### **Step 4: Complete the Current Address Notice**

In order to process your complaint, the Clerk's Office must receive a completed Current Address Notice. This form is self-explanatory as it requires your full name, physical and postal addresses, and telephone and facsimile numbers.

### **Step 5: Complete the Summons**

In order to serve your complaint you must complete and have signed by the Clerk's Office a summons for each entity to be served. Pursuant to federal law, when appealing a determination of the Commissioner of Social Security, you must serve the Commissioner of Social Security, the United States Attorney for the District of Puerto Rico, and the United States Attorney General. To assist you, this package contains pre-addressed summons to the following agencies:

Commissioner of Social Security
Office of the General Counsel
Social Security Administration
6401 Security Blvd.
Room 611 Altmeyer Bldg.
Baltimore, MD 21235

U.S. Attorney for the District of Puerto Rico 350 Carlos F. Chardón Street Torre Chardón Suite 1201 San Juan, Puerto Rico 00918

The United States Attorney General U.S. Department of Justice Constitution Avenue & 10<sup>th</sup> St. NW Washington, D.C. 20530

### Step 6: Complete the U.S. Marshal Service Forms

If you wish to have the U.S. Marshal serve your Summons and Complaint, you must complete a U.S. Marshal Service Form (Form USM 285) for each entity being served. Directions on completing these forms are located on the reverse side of the forms. If you do not request that the U.S. Marshals serve your action, service of the Summons and Complaint must be completed in accordance with Federal Rule of Civil Procedure 4(i).

### Step 7: File the entire package

After completing all of the necessary documents, you will need to file these

papers with the Clerk's Office for the District of Puerto Rico. Please remember to sign all originals and bring three copies of the complaint and a copy of the Appeals Council's decision with you. Upon receipt of the Complaint, the Clerk's Office will assign a civil case number and a district judge to handle your case. If you wish to have your case heard by a U.S. Magistrate Judge, a Notice of Consent to the Exercise of Civil Jurisdiction by a Magistrate Judge is attached for your review.

## IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO

## FORM COMPLAINT FOR APPEAL OF A DECISION BY THE COMMISSIONER OF SOCIAL SECURITY

Plaintiff		CIVIL CASE NO	
٧.			
Con	nmissioner of Social Security		
Def	endant		
тот	HE HONORABLE COURT:		
	above-named plaintiff makes the followi taining judicial review of a decision of th	ing representations to the Court for the purpose ne defendant adverse to the plaintiff:	
1.	The plaintiff is a resident of (city) The last four	digits of	
	the plaintiff's social security number are,,		
The plaintiff complains of a decision which adversely affects the plaintiff in v part. The decision has become the final decision of the Commissioner for p of judicial review and bears the following caption:			
	In the case of	Claim for	
	(Claimant)		
	(Wage Earner) (Las	t 4 digits of Social Security Number)	
3.	A copy of the Action of the Appeals Council is attached to this Complaint.		
4.	The plaintiff has exhausted administrative remedies in this matter and this Court has jurisdiction for judicial review pursuant to 28 U.S.C. § 405(g).		
forsu	WHEREFORE, plaintiff seeks judicial uch relief as may be proper, including co	review by this Court and the entry of judgment osts.	
Date	d:		
	Sig	nature of Attorney or Pro Se Plaintiff	
Addr	ess of Attorney or Pro Se Plaintiff:		
Telep	phone No. of Attorney or Pro Se Plaintif	f	
Fasc	imile No. of Attorney or Pro Se Plaintiff		
Attor	ney Bar Roll Number		